

<b>Case Number:</b>	CM15-0204062		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	03/12/2014
<b>Decision Date:</b>	12/02/2015	<b>UR Denial Date:</b>	09/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61 year old female, who sustained an industrial injury on 03-12-2014. She has reported injury to the bilateral knees, left foot-ankle, and low back. The diagnoses have included history of left ankle sprain and strain, failure to recover; history of right and left knee sprain, failure to recover; ankle enthesopathy and left ankle sinus tarsal syndrome; history of sprain of neck, failure to recover; chronic pain syndrome; chronic bilateral shoulder sprain; and lumbar sprain. Treatment to date has included medications, diagnostics, activity modification, injection, acupuncture, physical therapy. Medications have included Ibuprofen, Lidoderm patch, Amitriptyline, Diclofenac, Dendracin ointment, and Omeprazole. A progress report from the treating physician, dated 09-16-2015, documented an evaluation with the injured worker. The injured worker reported that she has been to the podiatrist and requested for a second opinion; she has requested cut back on the work hours; she describes the pain as worse in the back; the pain in the left foot, knee, neck, and shoulders remain the same as sharp in the back, pins and needles in the foot, tingling and numbness in the left foot; pain in the back is rated at 8 out of 10 in intensity; pain in the foot is 7 out of 10 in intensity; pain in the shoulder and neck is 6 out of 10, and pain in the knees is 5 out of 10 in intensity; she has completed her physical therapy a month ago, does her home exercises, but still complains of back pain; she is currently taking the Ibuprofen and the Dendacin ointment; and she has been working modified duty. Objective findings included tenderness in the lumbar paraspinal muscles; active forward flexion and extension are decreased with increase in pain; and lumbar facet stress test is positive. The treatment plan has included the request for lumbar medial branch block bilateral L3-L4, L4-L5;

and MRI lumbar spine. The original utilization review, dated 09-25-2015, non-certified the request for lumbar medial branch block bilateral L3-L4, L4-L5; and MRI lumbar spine.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

#### **Lumbar medial branch block bilateral L3-L4, L4-L5: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Lumbar & Thoracic (Acute & Chronic) - Facet joint diagnostic blocks (injections).

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic)- Facet joint diagnostic blocks (injections).

**Decision rationale:** Lumbar medial branch block bilateral L3-L4, L4-L5 is not medically necessary per the ACOEM and the ODG guidelines. The MTUS ACOEM guidelines state that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The ODG states that medial branch blocks should be limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The documentation reveals tingling and numbness in the left foot and suggests possible radicular component. The documentation is not convincing that the patient's symptoms are purely facet related therefore this request is not medically necessary.

#### **MRI lumbar spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies.

**Decision rationale:** MRI lumbar spine is not medically necessary per the MTUS guidelines. The MTUS recommends imaging studies be reserved for cases in which surgery is considered, or there is a red-flag diagnosis. The guidelines state that unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment. The documentation submitted does not reveal specific nerve compromise or a red flag diagnoses. The request for a lumbar MRI is not medically necessary.